



Applicant's Information

Date: _____

Name: _____

Soc. Sec. No.: _____

Address: _____

Day phone no: _____

I am applying: ☐ for a student internship ☐ as a volunteer.

If you are applying for a student internship, please answer the following:

What school/college/organization requires this student internship? _____

Name of your internship supervisor: _____ Phone number of this person: _____

How many hours are required for your internship? _____ When does your internship need to begin? _____

How many hours per week are you able to work? _____

Are you capable of performing in a reasonable manner the activities involved in the job that you are applying for? ☐ Yes ☐ No

Why are you interested in doing work as a student intern / volunteer at the Norfolk Community Services Board (CSB)?

How did you learn of interning / volunteering at the Norfolk CSB?

Indicate the area where you would like to work within the Norfolk CSB:

☐ Mental Health ☐ Mental Retardation ☐ Substance Abuse ☐ Infant ☐ Prevention

What kind of duties would you like to perform or services would you like to provide?

List the skills, experiences, training, hobbies or special abilities (e.g., crafts, music, drama) you possess:

Driver's License Information: (You may be required to submit a copy of your driving record to be obtained from the Virginia Dept. of Motor Vehicles)

Do you have a valid driver's license? ☐ Yes - License No.: _____ Issuing State: _____
☐ No - If you have no license, are you eligible to obtain one? ☐ Yes ☐ No

Have you ever been convicted of a crime or a motor vehicle violation? ☐ Yes ☐ No

If you have been convicted of either or both, complete the following. Include convictions after reach age 18 and those prior to age 18 if you were tried as an adult.

<u>Charge</u>	<u>Date</u>	<u>City / State where conviction occurred</u>	<u>Comments</u>
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Volunteers will not be permitted to operate any vehicle when conducting Norfolk CSB business without specific authorization.



Applicant's name: _____ Application Date: _____

Education: please list all education and training including high school:

Volunteers must be at least 18 years old and be a high school graduate or have a GED

Name and address of school / college	Years of Attendance	Major Course of Study	Graduate?	Type of Diploma, Degree, License
High School: _____ _____	_____ _____	_____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High School <input type="checkbox"/> GED
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

Volunteer and Work Experience(s): please list previous volunteer / work experience(s). If you are currently employed, enter this employment in the first block:

Name of Organization (note: employed / volunteer)	Address	Phone No.	Supervisor's Name	When (date)
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

References: please list three (3) persons (may not be a relative) that we may contact regarding your qualifications, character, and reliability (at least one reference must be a Supervisor or a Professor). **Student Interns must provide information about the school faculty member/staff making this referral.**

Name	Address	Phone No.	Relationship to the Applicant
_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____

For Norfolk CSB Office Use Only: Assignment / Position Description must be attached to this application

☐ Student Intern ☐ Volunteer

Position Title: _____ Name of Intern's / Volunteer's Supervisor: _____

Unit Supervisor's Signature _____ Date _____

Service Director's Signature _____ Date _____ Director of Administration's Signature _____ Date _____



Student Intern / Volunteer Application Form

Applicant's name: _____ Application Date: _____

This page is to be attached to the application and retained in the personnel file.



Applicant's name: _____

Application Date: _____

CONFIDENTIALITY

Norfolk CSB volunteers, student interns, and employees have a primary obligation to safeguard information about individuals obtained in the course of teaching, practice, or research. Personal information is communicated to others only with the person's written consent or in those circumstances where there is clear and imminent danger to the client, to others, or to society. Disclosures of counseling information are restricted to what is necessary and relevant.

- a. All materials in the official record shall be shared with the client who shall have the right to decide what information may be shared with anyone beyond the immediate provider of services and to be informed of the implications of the materials to be shared.
- b. The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.
- c. Information received in confidence by one agency or person shall not be forwarded to another person or agency without the client's written permission.
- d. Service providers have a responsibility to insure the accuracy and to indicate the validity of data shared with third parties,
- e. Case reports presented in classes, professional meetings, or in publications shall be so disguised that no identification is possible unless the client or responsible authority has read the report and agreed in writing to its presentation or publication.
- f. Counseling reports and records are maintained under conditions of security and provisions are made for their destruction when they have outlived their usefulness. Professional counselors insure that privacy and confidentiality are maintained by all persons in the employ or volunteer services of the agency or office, including clerical staff, volunteers, and community aides.

Norfolk CSB volunteers, student interns, or employees who ask that an individual reveal personal information in the course of interviewing, testing, or evaluation, or who allow such information to be divulged, do so only after making certain that the person or authorized representative is fully aware of the purposes of the interview, testing or evaluation and of the ways in which the information will be used.

Sessions with clients are taped or otherwise recorded only with their written permission or the written permission of the responsible guardian. Even with a guardian's written consent one should not record a session against the expressed wishes of a client.

- i. Where a child or adolescent is the primary client, the interests of the minor shall be paramount.
- j. In working with families, the rights of each family member should be safeguarded. The provider of services also has the responsibility to discuss the contents of the record with the parent and/or child as appropriate and to keep separate those parts which should remain the property of each family member.

I have read the above information concerning confidentiality and understand my signature verifies that I will adhere to these principles set forth by the Norfolk Community Services Board.

Applicant's Signature

Title

Date

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